(itanii)	NTERSTATE CON			RN	FORM VII
] PLACEMENT IN	RESIDENTIAL FACILI	٦Y
То:		From:			
(Rece	eiving State)			(Sending State)	
From:(Name, Title)		(Agency/Department)		(Phone #)	
_		(Agency/Department)		(Fhone #)	
Re:(Juvenile's Name)		(DOB)		(Race/Sex)	
*If known: *Ht.	*Wt *E	ye Color:	*Ha	ir Color:	
(Offense)		(Court/Age	ncy #)	(Legal Status)	
Current Residence					
Deletienskins			_		
Addross:			_		
Phone:			_		
Permission is granted to t	he above-named juvenile	to visit the State of			
from					
During which time the juv	(Date)			(Date)	
will be staying with/at:	(Name/Facility)		(Relationship)	
at(Full Address)		Sity)	(State)	(Zip) (Phone	#\
	(C	, , , , , , , , , , , , , , , , , , ,	(State)		<i>π</i>)
Reason for Visit:					
Special Instructions/Other Comments:					
Juvenile's Statement of U	Inderstanding				
l,				supervision of the Sta	
	s of the sending and receiv comply with these condition	ing state including th	e above conditio	ons and instructions. I	
	had read and explained to me	e, the Statement of Und	erstanding.		
		(have 11 1 0)	······································		
Witnessed by:		(Juvenile's Signat	ure)	(Date)	
(Signature o	f Caseworker or Probation/Parole	e Officer)	(Title)	(Date)
Approved by:					
(Signature o ICJ Travel Permit Rev. 11-14	f Supervisor) -16		(Title)	(Date)